## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Nar PASTIME GRILL		UB			Telephone Number Est 812/945-9055	Date of Inspection	ID#	
Address 424 EAST MARKET STREET, NEW ALBANY IN 47150					Own 812-944-6220/502-445-7	07/09/2020		
Owner GRANT C. RICKA	RD JR				PurposeRoutine	Follow Up 08/10/2020	<b>Released</b> 07/09/2020	
Owner's Address PO BOX 938 NEW	ALBA	ANY, I	N 47	151	X Follow-up  Complaint			
Person in Charge RANDI REAGAN					Pre-Operational			
Responsible Person RANDIREAGAN			IL.C	ЭМ	Temporary HACCP	Menu Type 1 2 3 _X 4 5		
Certified Food Ha					Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
Section #	C	NC	R	Narrative To Be Corrected				
118 204	x		×	Observed store without a CFM. PIC and owner are already signed up for a class and test in July. Provide FCHD with copy of certification upon completion.  Observed sewage leak continuing in basement. Bucket used to catch drip 9/10/20 has overflowed and spilled onto cellar floor. Leak must be fixed within 1 month. An invoice for a 2nd follow-up inspection is attached and must be paid in full before 9/10/20.				
Summary of Violations C 2 NC 0 R 2  Received by (name and title printed): RANDI REAGAN  Received by (signature):  Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST  Inspected by (signature):								
cc:				cc:		cc:		